

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 2 Sheets



X0084197

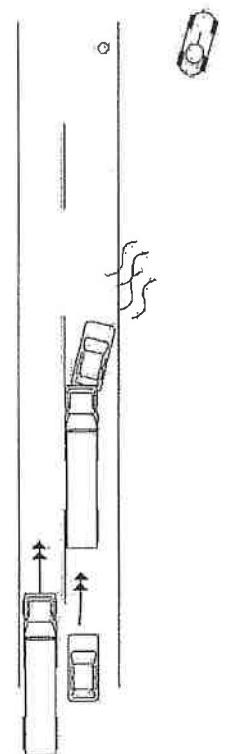
DRAC	PED	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	LGH	COLL	MANY	PPA	PPL	TC002								
U 1	1	1	1	1	99	1	1	1	13	2											
U 2					U 1	U 1	U 2	U 1	U 1	U 2											
INVESTIGATING AGENCY													TYPE OF REPORT								
ISP													<input type="checkbox"/> A. No Injury/ Drive Away	AGENCY CRASH REPORT NO.							
ADDRESS NO.													<input type="checkbox"/> B. Injury and / or Tow Due To Crash	TREV							
HIGWAY or STREET NAME													YR	2017	12-17-00438	2					
170													TIME	02:35	AM	LARS CODE	VEIT				
(CIRCLE) AT INTERSECTION WITH (CIRCLE)													DATE OF CRASH	7/4/2017	PM	7	U 1				
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> INOPERABLE <input type="checkbox"/> PED <input type="checkbox"/> FEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NAV <input type="checkbox"/> NCV													RELATED	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	INTERSECTION	<input type="checkbox"/> Y <input type="checkbox"/> N	CLARK	U 2			
GRIFFITH, JASON BENJAMIN													PROPERTY	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PRIVATE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DOORING	<input type="checkbox"/> Y <input type="checkbox"/> N	NUMBER MOTOR VEHICLES INVLD	2	1
LAST/FIRST/MI. DOB/DRY/ST													HIT & RUN	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	WITH PEDALCYCLIST?	<input checked="" type="checkbox"/> N	LARS CODE				
STREET ADDRESS													YEAR	mo / day / yr	mo / day / yr	Y	N	NO LANES			
9625 NEW SAPULPA ROAD #34													YEAR	2018	2018	Y	N	NO LANES			
CITY													INJURY	ELECT	VIN	Y	N	NO LANES			
SAPULPA													STATE	ZIP	3AKJGLD57FSGP0361	FRONT	O	Y	4	4	
OK													PHONE	74066	POINT OF FIRST CONTACT	<input type="checkbox"/> 2	REAR	*	NSR		
DRIVER LICENSE NO.													EMERGENCY	NAME OWNER (LAST, FIRST, M.I.)	INSURANCE CO.					1	
GOS0875731													EMERGENCY	GRIFFITH, JASON BENJAMIN	HUDSON INSURANCE COMPANY	TELEPHONE	POLICY NO.	HMB200054	VENUE	20	
TAKEN TO													OWNER ADDRESS (STREET, CITY, STATE, ZIP)	9625 NEW SAPULPA ROAD #34, SAPULPA, OK 74066	FRONT	Y	N	U 1	2		
YOUNG, MICHAEL LANE													MAKE	DATE OF BIRTH	YEAR	FRONT	TOWED AND RE-TRANSH	<input checked="" type="checkbox"/>	U 2		
LAST/FIRST/MI. DOB/DRY/ST													MODEL	02/24/1969	2007	Y	Y	Y	Y		
STREET ADDRESS													PONTIAC	mo / dr / yr	G6	Y	Y	Y	Y		
3914 WINSTON DR													SEX	SAFT	AIR	Y	Y	Y	Y		
CITY													PLATE NO.	STATE	YEAR	Y	Y	Y	Y		
NEW PORT RICHEY													ZIP	FL	99 UNKNOWN	Y	Y	Y	Y		
TELEPHONE													STATE	CLASS	10 - TOTAL (ALL AREAS)	Y	Y	Y	Y		
Y52052695640													CLASS	VIN	11 - OTHER	Y	Y	Y	Y		
TAKEN TO REGIONAL HOSPITAL													OWNER ADDRESS (STREET, CITY, STATE, ZIP)	99 UNKNOWN	12 - OTHER	Y	Y	Y	Y		
CASEY AMBULANCE													OWNER ADDRESS (STREET, CITY, STATE, ZIP)	3914 WINSTON DR, NEW PORT RICHEY, FL 34652	POINT OF FIRST CONTACT	<input type="checkbox"/> 7	REAR	*	Y		
PASSENGERS & WITNESSES ONLY													INSURANCE CO.	TELEPHONE POLICY NO.	96	U 1	2				
(NAME) / (ADDR) / (TEL)													INFINITY INSURANCE COMPANY	109810516201001	96	U 1	2				
(NAME) / (ADDR) / (TEL)													(ROSE)	(EMS)	96	U 1	2				
KOPCZYNSKI, EUGENE D / 11500 E 191ST, NOBLESVILLE, IN 46060 / (317)697-7371															96	U 1	2				
KOPCZYNSKI, DEBORAH S / 11500 E 191ST, NOBLESVILLE, IN 46060 / (317)697-7371															96	U 1	2				
EVNO (POST) (EVNT) (LOC)													DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	NO CRASH OCCUR IN A WORK ZONE?	Y	DOC'S	1	
U N I T 2													KOPCZYNSKI, EUGENE D / 11500 E 191ST, NOBLESVILLE, IN 46060 / (317)697-7371	KOPCZYNSKI, EUGENE D / 11500 E 191ST, NOBLESVILLE, IN 46060 / (317)697-7371	PRIMARY 28	SECONDARY 70	IF YES CHECK ONE BELOW:	<input checked="" type="checkbox"/>	U 1	1	
ARREST NAME													SECTION 5011601A	CITATION NO. 0163235	Y	Y	CONSTRUCTION	<input type="checkbox"/>	U 2		
ARREST NAME													SECTION	CITATION NO.	Y	Y	Maintenance	<input type="checkbox"/>	3		
YOUNG, MICHAEL LANE													DATE POLICE NOTIFIED	TIME NOTIFIED	AM	Y	UTILITY	<input type="checkbox"/>			
OFFICER ID. 12													mo / day / yr	02:44	PM	Y	UNKNOWN/REG. ZONE TYPE	<input type="checkbox"/>			
S COLCLASURE													COURT DATE	COURT TIME	AM	Y	WORKERS PRESENT?	<input checked="" type="checkbox"/>			
8/7/2017													09:00	PM	N						

EXHIBIT

B

S9949

A Diagram and Narrative are required on all Type B crashes, even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit #1 and Unit #2 were eastbound on I70 at approximately 1/4 mile east of mile post 131. Unit #4 was traveling in the left, passing lane of I70. Unit #2 was traveling behind an unknown passenger vehicle behind Unit #1. A witness, Eugene Kopczyński was traveling by motorcycle on I70 behind all the Units. The witness stated that Unit #1 was driving in the left, passing lane for over 2 miles, and wouldn't move over.. He stated that the unknown passenger vehicle and Unit #2 attempted to pass Unit #1, at a high rate of speed, in the right, driving lane of I70. Unit #1 then came over into the right driving lane and struck Unit #2. A passenger/witness, Deborah Kopczyński did not see the crash, but did state that Unit #1 was driving in the left, passing lane for a long time, and wouldn't move over into the right, driving lane. Unit #4 driver stated the he was traveling eastbound on I70 and was passing another T/T/ST, and he was in the left, passing lane. Unit #4 driver stated that he then attempted to enter into the right, driving lane of I70. Unit #1 driver then stated that Unit #2 appeared out of his blind spot and he struck Unit #2 in the rear driver's side. Unit #2 driver stated she was following an unknown passenger car and they were in the right, driving lane of I70, driving at 65 m.p.h.. Unit #2 driver said that Unit #1 was in the left, passing lane and would not go over to the right, driving lane. Unit #2 driver then attempted to pass Unit #1. Unit #2 driver said the unknown passenger vehicle, in front of her Unit, passed Unit #2. Unit #1 then struck her unit in the rear driver's side. Unit #2 driver then lost control of her Unit and left the highway to the right and overturned. Unit #1 was pulling a 2006 Reitnauer semi trailer, bearing OK semi reg/ 6847FJ. Vin# F48A257R017716. The semi trailer was not damaged in the crash. At the crash scene I observed 4 separate tire friction marks (67'1"; 64'3"; 46'1" and 22'1" in length) starting at the white, eastbound fog line, 574" west of the reference point. The tire

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED USE SSR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: lager van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME: MILLER TRUCK LINES LLC

ADDRESS: 4230 S SELWOOD

CITY/STATE/ZIP: TULSA / OK / 74107

USDOT NO.: 125792 ILCC NO.

Source of above info: Side of Truck Papers Driver Log Book
Gross Vehicle Weight Rating (GVWR): 80000

Were HAZMAT placards displayed on the vehicle? Y N
If yes, name on placard _____
4-digit UN no. _____ 1-digital Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed? Y N UNK

HAZMAT Y N UNK Out of Service? Y N UNK

MCS Y N UNK Our of Service? Y N UNK

Form No.: 3836070739

IDOT PERMIT NO.: _____ WIDE LOAD? Y N

TRAILER WIDTH(S): 0'-0" 97'-10" > 102"

TRAILER 1

TRAILER 2

TRAILER LENGTH(S): 1' - 53' ft TRAILER 2' - 5' ft

TOTAL VEHICLE LENGTH: 65' ft NO. OF AXLES: 5

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

CARGO BODY TYPE: 4 VEHICLE CONFIGURATION: 5 LOAD TYPE: 5

LOCAL USE ONLY

U 1 Color WHITE
U 2 Color GRAY

U 1 Towed by/ to Bennett's Wrecker Service / Bennett's Wrecke

ILLINOIS TRAFFIC CRASH REPORT

Sheet 2 of 2 Sheets

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X00841907

A Diagram and Narrative are required on all Type B crashes,
even if units have been moved prior to the officer's arrival.

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR. 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILLC NO. _____

Source of above info: Side of Truck Papers Driver Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? Y N

If yes, name on placard _____

4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNK

Did HAZMAT Regulations violation contribute to the crash? Y N UNK

Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK

Was a Driver/Vehicle Examination Report form completed? Y N UNK

HAZMAT Y N UNK Out of Service? Y N

MCS Y N UNK Out of Service? Y N

Form No. _____
IDOT PERMIT NO. _____ WIDE LOAD? Y N
TRAILER WIDTH(S): 0-96" 97-102" > 102"
TRAILER 1
TRAILER 2
TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft
TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:
VEHICLE CONFIGURATION _____

U Color	U Color
---------	---------

U Towed by / to

CARGO BODY TYPE _____ LOAD TYPE _____

LOCAL USE ONLY